

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-679)						SERIAL NO.	FILING DATE	
						APPLICANT/ET		
CLAIMS								
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				
	WKO.	DEP.		WKO.	DEP.		WKO.	DEP.
1	/						61	
2		/					62	
3		/					63	
4		/					64	
5							65	
6		/					66	
7							67	
8							68	
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31							91	
32							92	
33							93	
34							94	
35							95	
36							96	
37							97	
38							98	
39							99	
40							100	
41							TOTAL WKO.	
42							TOTAL DEP.	
43							TOTAL DEP.	
44							TOTAL	
45							122520	152520
46								122520
47								122520
48								122520
49								122520
50								122520
TOTAL WKO.	/							
TOTAL DEP.	5							
TOTAL DEP.	5							
TOTAL	6							